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EXHIBIT S

PART 1

Drake Orientation Booklet

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Welcome to Drake Complex of

Trenton Psychiatric Hospital

I. History

- A.) First of New Jersey's public psychiatric hospitals
 - 1.) Established in 1848
- B.) One of the first, purpose built, psychiatric hospitals in the country. Before that, people with psychiatric problems were locked up in prisons, jails, or people's homes.
- C.) The establishment of TPH is one of the products of a movement for the humane treatment of people with mentally illness that eventually spread around the world and formed the foundation of the wellness and recovery model of today.
- D.) One of the movement's leaders, Dorothea Dix, picked the site of TPH, decided on the initial layout of the hospital and spent her last days in apartment on the grounds of TPH

II. Mission

- A.) To provide hope, healing and successful community reintegration for patients by providing a comprehensive evaluation to assist them in managing their psychiatric symptoms, helping them to develop a personal plan for wellness and recovery and doing what is necessary to prepare them to return to community living. We do this by striving to engage patients and families as partners in treatment and discharge planning.

III. Accreditation

- A.) TPH is fully accredited by the Joint Commission on the Accreditation of Healthcare Organization (JCAHO) and is

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certified by the Centers for Medicare and Medicaid Services
(CMS)

IV. Patient Units

A.) General Information

- 1.) Each unit is equipped with a nursing station, a medication room, an examining room, team rooms, one or more quiet rooms, a visiting room and an activity room

B.) Drake Unit

- 1.) Patient population: ages of 18 and 64
- 2.) Three units (West I, West II and East II).
- 3.) Each co-ed unit contains separate male and female dormitory wings with dayrooms, showers, bedrooms with adjoining bathrooms as well as bathrooms on the units.
- 4.) Patients can either be discharged from Drake or be transferred, either to another complex, or to another facility.
- 5.) Transfer to another unit at TPH or another facility will occur by referral of the treatment team (psychiatrist, doctor, nurse, social worker, psychologist, Human Services Technician and others) and will depend on bed availability.

C.) Raycroft Complex, Lazarus, Lincoln and King Buildings: these buildings are typically for patients who require more extended care; however, patients can and do get discharged from these.

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D.) Lincoln Complex

- 6.) MICA Unit: 60-day treatment program that can help people recover from both mental illness and substance abuse problems.
- 7.) Lazarus, Lincoln and King buildings: See above

E.) Travers Complex (Transitional Living Unit)

- 8.) Transitional unit where patients live in cottages that are unlocked and homelike. Patients assist in preparing their own meals and assist in cleaning the cottage. Each resident is given a weekly chore and are expect to assist in weekly grocery shopping trips.
- 9.) Patients go to the nearby Marquand building and to the greenhouse to attend programming and participate in vocational programs

V. Paths to Admission

A.) Most of you were evaluated in the community, probably at a screening/crisis center or emergency room in a local hospital and found to be a danger to yourself, others and/or property. Based on this evaluation, you were involuntarily committed to a Short Term Care Facility (community hospital psychiatric unit) or, in some cases, directly to TPH. Psychiatric evaluations by two physicians and an order signed by a Judge are part of this commitment process.

B.) In many cases, you were first committed to a Short Term Care Facility (community hospital psychiatric unit) but after treatment there, it was felt you needed continued treatment and you were transferred to TPH.

C.) Some of you may have been transferred from a jail or prison for psychiatric treatment or to determine if you are competent to stand trial. Patients who come from jail/prison have detainers. This means

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when hospitalization is no longer necessary, you must return to the detaining authority (jail/prison you came from) to resolve your criminal charges.

D.) Some of you may have been transferred from Ann Klein Forensic Center to continue your treatment in a less restrictive setting.

VI. Special Status Patient Review Committee (SSPRC)

A.) Some patients, who have past histories of significant criminal or violent behavior, will have their privilege level changes, transfers to less restrictive TPH complexes, and discharge plans reviewed by the SSPRC committee. This committee is composed of the discipline leaders of the hospital and evaluates the risk and safety of the proposed treatment recommendations. Your treatment team prepares the needed information and meets with the SSPRC committee on your behalf to ask for changes in your treatment (level changes, transfers, discharge, etc.). You need to show stable behavior and adherence to treatment regime before the treatment team can request changes in your treatment.

1.) Krol Status patients, who have been found not guilty by reason of insanity of serious criminal behavior, fall under SSPRC review. If you are on Krol status you will attend an outside Krol review hearing with a NJ Superior Court Judge. This judge approves treatment decisions. You are represented by an attorney at each of these hearings.

VII. Staff Responsibilities

- A.) Providing support and encouragement
- B.) Providing for your basic needs (food, medications, clothes etc...)
- C.) Keep you from harm /keep you from harming yourself and/ or others
- D.) Providing for your medical/ psychiatric treatment
- E.) Some staff members will act as a liaison with outside individuals and/ or agencies to further your treatment

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and successful community reintegration.

F.) Your relationship with staff should be centered around your treatment and recovery. Staff members are NOT permitted to engage in financial dealings with you (such as buy or selling, or loaning or borrowing money) or engage in relationships with you outside of the hospital. You should be treated with dignity and respect by ALL staff members, and if you feel that this is being violated you can contact the following advocacy groups:

TPH Patient Advocates:

Bernadette Jones toll free 1(866) 633-1601

(Complaints & Grievances)

Kim Evans toll free 1(866) 453-2889

(Medication issues/ Grievances)

DMHS Patient's toll free 1(888) 490-8413

Services Compliance Unit

DMHS Services, toll free 1(800) 382-6717

Info & Complaints

Abuse Hotline toll free 1-888-490-8413

Disability Rights toll free 1(800) 922-7233

New Jersey

Mental Health toll-free 1 (866) 202-4357

Cares or (609) 777-0700

Office of Public (609) 292-1750

Advocate accepts collect calls

New Jersey Alliance (732) 940-0991

On Mental Illness

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Federal Office of toll free 1 (800) 368-1019
Civil Rights or 1(212) 264-3313

VIII. Treatment Teams, Composition

A.) **Psychiatrist:** meets with you at least weekly for the first eight weeks of admission. He/she will evaluate your progress towards stabilization and will testify during your civil commitment hearings (NGRI hearing if you meet this category). He/she prescribes your medications and can address any issues you may have with medications (side effects, medication preferences etc...) He/she is trained in psychopharmacology and can provide education and informed consent and he/she is trained to provide supportive therapy and counseling. Psychiatrists also run groups.

B.) **Psychologist:** often will provide individual or group therapy. He/she may also conduct what is called psychological testing for the treatment team or court proceedings. More details on each test can be explained by your treatment team.

C.) **Physician Specialist:** if you suffer from acute or chronic medical conditions, such as diabetes, hypertension, heart disease etc... he/she can assist you by prescribing medications, recommending tests (blood work, x-ray etc...) or can refer you to see a specialist. He/she will also address acute medical needs such as working with the clinical dietician to establish your dietary requirements.

D.) **Clinical Nurse Specialists:** can provide you with more intensive education regarding medications, health related

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problems and/or psychiatric conditions. He/she may also provide individual or group therapy and education.

E.) **Nurse (RN only)**-can help the physician specialist and psychiatrist in assessing any mental health or physical health problems you may have. He/she may also supervise the direct care staff (HST/A) and you can go to him/her with any problems you may be having on the unit. He/she may also give you your medication and can provide education about medications (there side effects, purpose and dose), psychiatric problems, community living, stress reduction and/or physical health concerns. He/she can also bring any issues or concerns to the treatment team for you.

F.) **Nurse (LPN)** may give you your medications and provide education your medication or other medical concerns.

G.) **Rehabilitation Staff**

- 1.) **Instructor Counselors**- provide programming designed to teach you skills needed to successfully maintain community living.
- 2.) **Art, Movement and Music Therapists** are specifically trained in each therapy modality and may conduct a creative arts assessment with you.
- 3.) **Substance Abuse Counselors**- Do substance abuse evaluations and provide programming that is focused on substance counseling.
- 4.) **Education Specialists**- Provide education programming for those who are less than 21 years of age and lack a

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high school diploma or GED.

5.) Occupational Therapist- An Occupational Therapist is a specialty trained member of your treatment team whom can assist you in developing independent living skills. He or she may also complete an assessment on functional needs.

8.) Drake Rehabilitation Coordinator-Supervises the activities of all rehabilitation department staff in the Drake Complex.

H.) Social Worker is a person that can assist you with contact your family, friends or significant others. He/she conducts an individual social assessment and assists you in preparing a discharge plan. This plan, at minimum, must include a place of residence, a means to support oneself (finances), an aftercare appointment or agency that will work with you and other supports you may need once you leave the hospital. He/she is responsible for assisting you with your finances, including SSI, SSD and/or Public Welfare. He/she may testify in civil commitment hearings about placement efforts. He/she also works with community agencies, like Integrated Case Management Services (ICMS), Program of Assertive Community Treatment (PACT) and housing agencies like SERV, Easter Seals, VOA, Triple C, RIST, CSP etc... to find the most appropriate community placement for you. These agencies provide outpatient, day programming and housing programs (supportive apartments, boarding homes, group homes, semi-supervises residence, Residential Healthcare Facilities (RHCs), Therapeutic Foster Care and rooming houses). The social worker is also responsible for maintaining contact with outside court, parole or probation officers etc...

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I.) **Program Coordinator** is the manager of your assigned ward. He/she manages the treatment team and unit staff. He/she will help assign you to your programs/groups and functions as the team leader of your treatment team.

V. **Other Staff**

1.) **Unit Clerks**

- a.) Distribute patient's incoming mail
- b.) Forward patient's outgoing mail to TPH mailroom
- c.) Use commissary slips to develop snack requests and forward said snack requests
- d.) Assemble intake documents into a chart for each patient, responsible for keeping charts in good order and prepare charts for transfer to another unit (on transfer to another hospital complex) or to HIM (on discharge).

2.) **Human Service Technicians (HST)/Human Service Assistants (HSA)** are the direct care staff that you spend most of your time with. They are supervised by the charge nurse or nursing supervisor. He/she may be assigned to be with you on a one-on-one basis if you have having a difficult time or they may be assigned a periodic observation (PO), which means they may check on you every 15 minutes. He/she will help you with your daily needs, such as getting clothes for you, a blanket, toothpaste etc... He/she is your advocate and can communicate your needs to the nurse and/or treatment team.

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4.) Clinical Dietician-

- a.) Make up specialized diets for patients in consultation with unit physician
- b.) Communicate the nature of pt diets to responsible parties in the complex cafeteria
- c.) Provide nutritional counseling for patients
- d.) Inspect food handing and storage arrangements of complex cafeteria.
- e.) Conduct nutrition groups
- f.) Conduct nutritional assessments on all patients
- d.) Monitor patient weight, where indicated

5.) Translators

- a.) Conduct Spanish language groups
- b.) Translate for patients in team meeting / during evaluations, assessments & psychological tests
- c.) Translate handout for Spanish speaking patients
- d.) Assist social workers with Spanish speaking clients

6.) Pastoral Department Workers

a.) Priests, Ministers, Rabbis and Imams

- 1.) Conduct religious services/ rituals
- 2.) Offer pastoral counseling
- 3.) Offer spiritual guidance

b.) Pastoral Interns

- 1.) Offer pastoral counseling
- 2.) Offer spiritual counseling
- 3.) Conduct spirituality groups

7.) Recreation Aides- Conduct recreational activities and group programming.

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8.) Assistant Supervisor of Recreation --

Coordinates all recreation activities in the Drake Complex (i.e. bingo, movies, dances and seasonal activities). Works with recreation staff in other parts of the hospital on hospital-wide recreational activities. Supervises the activities of all recreational staff in the Drake Complex and reports to the Drake Rehabilitation Supervisor.

VI. Treatment Planning --

A.) Treatment Plan

- 1.) Identifies your current problems
- 2.) States what your personal goals and objectives are
- 3.) Outlines staff strategies for addressing your problems, helping to move toward achieving your goals and objectives-which will include recommendations for involvement in specific activities and therapeutic programs
- 4.) On your request, family members and / or other significant others may be involved in the treatment process
- 5.) The treatment planning process
 - a.) Begins at admission and continues throughout the course of your hospitalization
 - b.) A master treatment plan will be developed within 14 days of your admission and reviewed after 40 days. As your condition or circumstances change, the plan may be amended

VII. Program Activities --

- 1.) Project group, grooming group, life skills group, trauma group, pastoral counseling, substance abuse

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counseling, relapse prevention counseling, medication education, health education, community meetings, spirituality group, religious services, Alcoholics Anonymous meetings, recreational activities, anger management group, socialization group, pre-discharge group, patient orientation group, mental health and emotional wellbeing group, illness management & recovery group, music therapy group, movement therapy group, emotional management & coping group, discharge readiness group.

VIII. Medication

- 1.) A physician will evaluate you at admission and may prescribe medication to address any current physiological conditions.
- 2.) A psychiatrist will determine whether you need medication to address your psychiatric problems. The psychiatrist will discuss the reasons for the order as well as possible side effects and address any concerns you may have.
- 3.) If you are willing and able of signing a consent for your medication, you will be asked to do so. If you are not able or willing to sign a consent, certain forms and procedures will be completed for review by the patient advocate. These forms indicate why the psychiatrist the medication is needed. If not taking your medication puts your life in danger or causes you to be destructive or assaultive, you may be compelled to take medication.
- 4.) If you have questions regarding your medication or should speak to a nurse, Clinical Nurse Specialist,

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unit physician or psychiatrist

IX. What if I am in pain, feel sick or need to speak with someone regarding a problem?

- 1.) On admission your medical condition was assessed by a physician.
- 2.) If you are in pain or feel ill in some other way, you should inform a nurse, who will address your symptoms directly and/ or request your unit physician to evaluate your symptoms. You should discuss your past medical history with your physician so that they can prescribe the most effective course of treatment.
- 3.) If you are having an emotional problem, you should inform a nurse or bring it to the attention of the psychiatrist, (clinical nurse specialist,) social worker, instructor / counselor or psychologist.

X. What do I do if have a problem with another patient?

- 1.) Inform your go-to person, one or more staff members and members of your team
- 2.) Inform your patient advocate Bernadette Jones

XI. What if I have a problem with another staff member?

- 1.) Inform you go-to person and the members of your team.
- 2.) Inform Bernadette Jones (see number above).

XII. Can I bring my own things with me to the hospital?

- 1.) You are encouraged to bring a small supply of personal clothing with you. Personal lockers are provided for securing personal items. Washers and dyers are available for your use.

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- 2.) You may bring grooming or other personal care items (excluding hair dryers) provided they are not in plastic bags or in metal or glass containers. You may bring books and magazines with you.

**Things that are NOT allowed onto Drake units
(Contraband)**

- 1.) Alcohol in any form.
- 2.) Matches and / or lighters
- 3.) Lighter fluid or other flammable materials
- 4.) Metal, hard plastic or glass containers.
- 5.) Any medication not prescribed by the hospital
- 6.) Potential weapons such as hammers, screw drivers, scissors and can openers
- 7.) Pieces of wire, rope, twine, certain types of jewelry, chains, neckties or scarves more than 12 inches long.
- 8.) Sharp objects such as knives, razor blades, pins, needles or nail clippers.
- 9.) Aerosol sprays, glues, solvents and other toxic substances.
- 10.) Personal electrical appliances not approved by the treatment team
- 11.) Any beverage containing caffeine, including coffee, tea, caffeinated sodas or energy drinks.
- 12.) Keys
- 13.) Cans and crutches, unless medically necessary
- 13.) Plastic bags
- 14.) Cameras
- 15.) Pornographic materials.

The above kinds of contraband items if surrendered at admission, to be stored in the business office, will be returned at discharge however, may simply be confiscated if discovered

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later. Cigarettes will be immediately discarded and illegal substances will be turned over to the police.

Valuables or large personal items should remain at home, as storage space on units is limited and patients must be responsible for safekeeping their own possessions. Lockers are provided for the storage of small items. A receipt will be provided for any items, such as identification, that are removed for deposit in the business office. The hospital assumes no responsibility for lost valuables that were not deposited with the business office.

Possession of the following contraband items may violate the law.

1. Medications and over the counter preparations not prescribed by the hospital
2. Syringes or intravenous equipment
3. Controlled, dangerous substances (Marijuana, heroin, cocaine, etc.) or other addictive drugs and paraphernalia associated with their use.
4. Firearms or explosives of any kind.

XIII. Will I need spending money?

- 1.) Clients are not permitted to have cash on their person while at the hospital. The hospital's Trading does not accept cash.

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2.) Any cash will be deposited in the patient's account in the business office where it will earn interest.

3.) Any cash brought by visitors for the patient must be given to the patient's social worker who will deposit the money in the patient's account

4.) Patients who receive monthly checks may choose to deposit whatever portion of that money into their patient or they may have friends and/or family members to deposit funds into the patients' Account.

5.) Patients with no financial resources will have \$40.00 Personal Needs Allowance (PNA) deposited into his or her patient account a week after their admission and on the first of every month thereafter.

6.) Patients can draw on these funds to purchase snacks, soda and / or calling cards from the trading post. Patients can make out commissary slips with their snack, soda and / or calling card requests on the specified for the patient's unit; the slips are collected by the unit clerk, who then sends a request form to the Trading Post, that are delivered on the specified for their unit. Patients who are level two have the possibility of going to the trading post, under escort, and using the funds from their patient account to purchase things there. (No matter how much money a patient has in his or her account, his or her Trading Post account will never have more than \$50 in it.)

XIV. Can I have visitors?

1.) You were encouraged to have visitors.
Visiting hours vary by unit:

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Drake West One: 1:30-2:30PM and 6-7:45 PM

Drake West Two: 12:30-1:30 PM and 6-7:45 PM

Drake East Two: 12:45-1:45 and 6-7:45 PM

2.) Children under the age of 14 will not be allowed onto the unit but may be allowed to visit you in off-unit areas with the permission of your treatment team at a specified time.

3.) Visitors are provided with a copy of the rules and regulations governing visitation at the Drake Complex and are required to provide identification prior to any visitation. Visitors are expected to sign their name and give their address in the visitor's log before obtaining a visitor's badge and, preferably, their phone number as well should staff need to contact them.

4.) Visitors are expected to dress in a socially appropriate manner in non-provocative attire and to maintain acceptable standards of behavior during the course of their visit. Visitors who are under the influence of alcohol or other drugs will be denied visitation.

5.) Visitors are not to bring handbags, backpacks or satchels with them. Provision of contraband to patients is forbidden. All packages for patients are subject to inspection.

6.) Visitors who fail to abide by these may lose their visitation privileges.

XV. What if my family / significant have questions?

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1.) Should you wish to have members of your team be able to share information about your treatment with your family / significant others and / or have family members / significant others involved in your treatment plan process, you need to inform your social worker who will have you sign the necessary releases to allow this to happen and will act as the liaison between your family /significant others and the team.

2.) Family / significant other concerns or complaints regarding your treatment or any safety issues should be directed to the Program Coordinator of your unit or the Complex Administrator. On weekends or at night, these concerns should be addressed to the Head Nurse of your unit or the Supervisor of Nursing during weekends or evening hours.

3.) In addition, your social worker may provide a listing of ICMS or PACT or other agencies or organizations that provide support to patients, family and significant others.

XVI. Can I make and receive phone calls?

1.) Yes. Pay phones are available on all units. Call should not take place during meals, quiet time or programming hours. As phones must be shared you are expected to limit calls to 15 minutes.

2.) You are expected to use your phone privileges responsibly refraining from behavior

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that is offensive, inconsiderate, or illegal. Use of phones for illegal purposes will be actionable.

3) Pay phone numbers:

East Two: (609) 392-9023 or (609) 392-9862

West One: (609) 392-9069 or (609) 392-9874

West Two: (609) 392-9834 or (609) 392-9890

XVII. Can I send and receive mail?

1.) Yes. Mail is delivered unopened and is distributed at least once a day during weekdays. Incoming mail should be addressed to you c/o of your unit, Box 7500, West Trenton, N.J. 08628.

2.) Packages are subject to inspection; you will be expected to open any packages under staff supervision. Contraband items (including outside food and drink items) will be confiscated.

3.) Writing paper and envelopes are available for your correspondence. Postage is free when a letter is mailed through the hospital's post office.

4.) You are expected to use your mail privileges responsibly, refraining from behavior that is offensive to others or illegal.

Comment [d1]: Again a denial of rights issue that should be done individually

XVIII. Will I Be Permitted to Leave the Unit?

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1.) The Level of Supervision system is used to provide the level of structure needed for each patient to successfully participate in program activities while maintaining a safe and secure environment for everyone.

2.) Your treatment team will assign you a level of supervision based on your mental condition, behavior as well as legal considerations. Teams meet once a week for this purpose.

3.) You will be able to leave the unit under certain conditions as follows:

Level I

All programming is provided in the Drake Complex, except for those diagnostic and treatment services that are medically necessary and cannot be provided in the complex. Where such services are needed, your doctor will write an order, allowing you to be escorted off the unit to obtain said services.

Level II

Patients at this level may participate in all Drake Complex programming with supervision. Participation in other programs on or off the grounds with staff escort is at the discretion of the treatment team in accordance with any legal restrictions. Patients can be escorted to doctor's appointment without a doctor's order. Brief visits to residential providers or other discharge related needs will be allowed with the approval of the treatment team.

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Level III

This level of supervision is necessary to be eligible for transfer to TLU (the cottages).

Teams meet on a weekly basis to decide on patient levels. Detainer patients (patients that come from jails/prisons) cannot be granted level II.

XX. Do patients have an opportunity to voice their opinion or air your complaints?

1.) Community meetings are held regularly on each Monday through Friday to address complaints, resolve conflicts, announce upcoming events and schedule changes as well as to elicit suggestions / opinions of patients. Personal concerns are to be addressed by your treatment team.

2.) During your hospitalization, you may be requested to complete a patient interest or patient satisfaction survey. At the time of your discharge, you will also be requested by the Nursing Services Clerk to complete an exit survey.

XXI. What if I have concerns about my safety?

1.) If you observe conditions that you feel are Hazardous or you have concerns regarding your treatment, you should report them to a Human Services Assistant/Technician, a Nurse, a team member or the Program Coordinator.

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3.) Safety concerns may be also brought up in community meeting or directed to the Client Services Representative.

XXII. What Rights do I Have?

These are detailed in the patient's bill of rights document that you got on admission

XXIII. What responsibilities do I have?

The hospital encourages patients to become actively involved in their treatment. As a patient, you should strive to make your hospital stay a therapeutic and productive time for you. You are expected to accept some responsibilities as a member of your unit community for maintaining a cooperative and mutually respectful atmosphere. These responsibilities include:

1.) To participate, with your treatment team, in developing your treatment and discharge plans.

2.) To attend and participate in Community Meetings, team meetings, therapies and activities for which you have been scheduled.

3.) To participate in keeping your bedroom and your unit clean and tidy

4.) To cooperate in providing information needed for making out incident reports, if requested to do so.

5.) To maintain acceptable standards for hygiene and grooming by showering, changing and washing clothing, combing hair and brushing teeth daily. You are encouraged to wash your hands regularly to help limit the spread of infectious organisms.

6.) Refrain from storing food and sugar in your rooms so as avoid attracting vermin such as ants or roaches.

7.) To observe fire safety regulations on the unit, including no smoking rules as specified.

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8.) To respect and consider the rights of others, especially in respect to use of public facilities, such as TVs and bathrooms, and personal radios or stereos.

9.) To refrain from bringing contraband items, such as alcohol or other drugs or weapons, into the hospital.

10.) Refraining from disruptive, threatening or violent behavior.

11.) To observe unit rules

12.) To refrain from taking unfair advantage of other patients, such as engaging in financial transactions or engaging in sexually inappropriate behavior.

13.) Report any inappropriate or dangerous behavior to staff. Cooperate with staff in making out incident reports.

14.) Report malfunctioning equipment or unsafe conditions to staff.

XXIV. When will I be discharged?

Treatment planning serves as the foundation for discharge planning. Once the team determines that your mental condition has stabilized, (provided you have not legal restrictions) your social worker will start working with you on your post-discharge arrangements such as housing, financial support, community and mental health services. Your social worker may act as your liaison with probation/ parole, or community providers such as Integrated Case Management (ICMS) or Programs for Assertive Community Treatment (PACT). Your social worker will schedule pre-discharge meeting between you and these and/or other interested parties.

If you were referred to TPH by a court or other legal authority, certain legal reports will need to be completed prior to your discharge.

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Transfers to other treatment facilities will depend on eligibility criteria and bed availability. Pre-placement interview and /or brief visits may be required as a condition of acceptance.

A discharge date is established once all discharge and aftercare arrangements have been finalized.

The major factor in when you are discharged is your behavior.

Comment: (12) would only away from this
line.

TRENTON PSYCHIATRIC HOSPITAL

*Dedicated to the provision of
HOPE, HEALING & SUCCESSFUL
Re-integration for our Patients*

Patient and Family Orientation Guide



P.O. Box 7500
West Trenton, New Jersey 08628-0500
(609) 633-1500

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WELCOME

The first of New Jersey's public psychiatric hospitals, Trenton Psychiatric Hospital began providing services on May 15, 1848. As part of the Division of Mental Health Services within the Department of Human Services, the hospital provides a broad range of inpatient psychiatric, medical, and support services for adults age 18 and over residing in Burlington, Mercer, Middlesex, Monmouth, & Union. The direct care areas are organized into three clinical care complexes (Drake, Raycroft, and Travers), each of which provides specialized services to meet the treatment needs of its patients. Treatment programs are individualized to meet patient service needs. Our goal is to assist each individual to reach his or her full potential in order that they may return to and live as independently as possible in the community of their choice.

This booklet has been prepared for patients and their families to provide information about Trenton Psychiatric Hospital and the treatment process. We hope this will encourage patients and family members to participate with comfort and confidence in the treatment process.

Trenton Psychiatric Hospital
Administration and Staff

MISSION

It is our mission to provide hope, healing and successful community re-integration for our patients by assisting them in managing their psychiatric symptoms and developing a personal path of wellness and recovery.

Our Vision

Hope, Wellness and Recovery are embraced by the TPH Community.

Goal 1: Increase staff's time/interaction with our patients by reducing the paperwork required.

Goal 2: Every clinical service area will have a clearly defined entrance and exit criteria and a clinical treatment program to support our Mission.

Goal 3: The treatment plan process will integrate the Wellness and Recovery model, be efficient and manageable, incorporating the patient's personal goals.

Goal 4: TPH will provide safety and security for the TPH community.

Goal 5: The Wellness and Recovery Program at TPH will be supported by the effective and efficient utilization of (human) resources to provide excellent patient services.

Goal 6: TPH will become a Tobacco-Free/Smoke-Free facility through education and intervention in coordination with the DHS and DMHS leadership and direction.

SERVICES

In collaboration with community-based mental health agencies, we provide psychiatric, medical, psychological, nursing, clinical nutrition, occupational, vocational, recreational and creative arts therapies, pastoral care, substance abuse counseling, rehabilitative, social and community case management services. Trenton Psychiatric Hospital is a teaching hospital with affiliations/internship programs in nursing, psychology, rehabilitation and pastoral services.

ADMISSIONS

Patients are admitted to Trenton Psychiatric Hospital for a comprehensive evaluation and treatment of mental health problems. Patients are admitted to the hospital in one of the following ways:

Involuntary

Involuntary commitment results when persons, who are evaluated at a local screening center in the community and found to be mentally ill and a danger to themselves, others or property, cannot be provided services in a less restrictive setting. Based on the findings of this evaluation, arrangements are made for an involuntary commitment to Trenton Psychiatric Hospital. A Certified Screener and a psychiatrist complete the commitment forms certifying the need for hospitalization and a transfer by ambulance to the hospital is then made. Upon admission, a second certificate may be completed by the hospital psychiatrist with the involuntary commitment finalized by a judge signing an order.

In some instances, the Court itself may issue an order committing an individual to the hospital citing a specific reason and a specific period of time (usually for thirty (30) days) for the commitment.

All persons on involuntary commitment status have their cases reviewed by a judge within twenty days of their admission. Based on the recommendations of the treatment team and the testimony of the psychiatrist at the judicial hearing, the judge will decide if the commitment should continue or if the individual should be discharged. In some cases involving commitment by a court, certain legal requirements may need to be met before discharge.

Persons not referred by a screening center may be committed to the hospital from another facility's in-patient unit or a correctional facility. This occurs following an evaluation and completion of commitment forms by two psychiatrists. Also, an application and a temporary order signed by a Judge must accompany the patient on admission.

Voluntary

Patients on involuntary status or their Treatment Team may request conversion to voluntary status. A psychiatrist will evaluate and determine if the patient is able to make an informed decision to carry out a voluntary application. The decision must be made knowingly and voluntarily. A court hearing will be held within twenty days of conversion.

Patients who are converted to voluntary status may request to the Treatment Team, either orally or in writing, to be discharged. The hospital must then discharge the patient as soon as possible within forty-eight hours or at the end of the next working day following receipt of the request, whichever is longer. If, however, the Treatment Team believes that further treatment is required, it may initiate court proceedings for involuntary commitment of the individual.

Conditional Extension Pending Placement (CEPP)

If a patient otherwise entitled to discharge cannot be immediately discharged due to the unavailability of an appropriate placement, the Court will enter an Order of Conditional Extension Pending Placement (CEPP) which will extend the patient's hospitalization. The court will then schedule a placement review hearing within sixty days thereafter. If the patient is not sooner discharged, a second placement review hearing will be held no later than six months after the initial placement review hearing and thereafter at no greater than six-month intervals. The patient's social worker must testify at the placement review hearings regarding the efforts made towards discharge on the patient's behalf. If the Court is advised at a hearing that an appropriate placement is available, it will order such placement. If a placement becomes available during the time between hearings, the patient may be discharged.

HIPAA

HIPAA is the Health Insurance Portability and Accountability Act - in short, it means that a hospital will ensure that a patient's identity and medical information

are kept confidential and private, and are only released with the expressed written authorization of the patient, or under special circumstances, such as for continued care purposes, when a patient is unable to make decisions for themselves. A patient has a right at any time to request a list of how and when their medical information was released, and each patient has the right to make a complaint, if they feel that their privacy rights have been violated. TPH has a privacy officer, whose job is to review any complaints about violations of a patient's privacy.

ASSESSMENT, TREATMENT AND DISCHARGE

Trenton Psychiatric Hospital recognizes the need for assessment and ongoing reassessment of all patients' mental health, physical (including pain), social, nutritional, rehabilitative, cultural, educational, spiritual/religious, and discharge needs from admission and throughout hospitalization with the goal of determining the appropriate care, treatment, and services to meet the patient's initial and changing needs. This is an interdisciplinary process and team members include the program coordinator/team leader, psychiatrist, psychologist, physician specialist, social worker, registered nurse, licensed practical nurse, human services technicians/assistants, chaplain, rehabilitation services staff, clinical dietitian, and community agency staff. The patient and their family and/or significant other(s) are very important to the treatment planning process and are encouraged to work with the Treatment Team and participate in the development of the treatment plan.

Upon admission, an Integrated Assessment is completed and an Initial Plan of Care is developed which addresses immediate issues. Within fourteen days, a Comprehensive Treatment Plan is developed. This is followed by regularly scheduled team meetings, which occur at specified intervals to reassess progress and revise the plan. Team meetings also occur as changes in the patient's condition or circumstances warrant.

The hospital's Pain Management Program assures that throughout each phase of a patient's hospitalization, the assessment and treatment of acute and chronic pain is actively addressed. Patients are encouraged to report the presence of pain to their doctors, nurses, and other treatment team members.

Based upon the treatment plan, the patient will be referred to a variety of therapies and other activities consistent with their needs and discharge considerations. As part of the team and the treatment process, a psychiatrist will determine a patient's need for medication.

Help, support and treatment do not stop when a patient leaves the hospital. Continuity of Care is a vital part of the treatment process and the Comprehensive Treatment Plan. Trenton Psychiatric Hospital collaborates with community-based mental health centers and other agencies/facilities to assist in the transition from hospitalization to home, work and community living.

CLINICAL COMPLEX OVERVIEW

Drake Complex

The Drake Complex is comprised of four co-ed units:

East 1 -	Admissions
East 2 -	Admissions
West 1 -	Admissions
West 2 -	Admissions

Admission Units

The point of entry for all admissions to Trenton Psychiatric Hospital is a self-contained screening/evaluation unit located on the first floor of the Drake Complex. Here, all referred admissions receive physical and mental status examinations and an Initial Plan of Care is formulated. Following screening, most admissions are transferred directly to one of the admission units within the Complex. Patients with certain legal considerations may also be transferred to the Raycroft Complex.

The Drake Complex admission units are closed programs utilizing an acute care model in which an individual's stay is anticipated to be short-term. Building on the Initial Plan of Care developed in screening, a Treatment Team comprised minimally of a Psychiatrist, a Registered Nurse, a Social Worker, and a Program Coordinator develop and implement a Comprehensive Treatment Plan, which addresses the problems and strengths of each patient's unique condition. The emphasis of treatment is rapid stabilization and reduction of acute symptoms with the goal of returning the individual to a less restrictive community setting as quickly as possible. Following assessment and treatment on an admission unit, patients requiring further hospitalization may be transferred to another program within the hospital appropriate to their treatment needs.

Raycroft Complex

The Raycroft Complex is comprised of five closed units:

East 1 -	Infirmity and intermediate care, Co-ed
East 2 -	Extended acute, and Special Status patients, Male
West 1 -	Extended acute/chronic treatment program, Female
West 2 -	Extended acute, and Special Status patients, Male
Lincoln Unit -	Continued acute treatment, Co-ed

Treatment efforts focus on facilitating the patient's return to the community. Patients are assigned to specific services and programs based on their level of functioning, degree of supervision required, and the goals/objectives of the Comprehensive Treatment Plan. The goal is to provide daily activities that approximate a normal life-style. The patients are encouraged to replace dependent behaviors with those that foster self-reliance and self-respect.

Infirmity Unit

Patients usually have a serious medical condition that requires skilled nursing care. Often, they are bed-fast and require substantial assistance in all areas.

W1, E2, W2 Lincoln Unit— Intermediate Care Unit(s)

These units deal with a select group of patients who, because of the chronicity of their illness and/or prolonged or repeated hospitalizations, require entry-level skill acquisition and social rehabilitation.

Travers Complex

The Travers Complex is comprised of "12 cottages" that serve as independent, self-contained living units designed to serve as a bridge between the hospital and the community. The cottages are unlocked and facilitate a high degree of patient mobility and freedom. This small, homelike setting offers an atmosphere in which the patient is expected to resume/assume a routine geared toward learning and practicing the self-care, work, and leisure skills conducive to successful functioning and maintenance in the community. Travers programming provides treatment team supervision and a range of therapeutic modalities.

King Program – Emphasis is placed on improving activities of daily living (ADL) skills, encouraging an interest in their immediate environment, and promoting an awareness of the outside world, particularly for patients with a long-length of stay in the hospital. It is an all male unit.

Lazarus Program - Emphasis is placed on improving community living skills so that patients are quickly discharged to the community. Patients on this unit must be level II or higher. It is a co-ed unit.

Kennedy Program – This program is designed to provide Integrated Dual Diagnosis Treatment (IDDT) for patients with a major mental health diagnosis and a substance abuse/dependence disorder. It is a co-ed unit.

REHABILITATION SERVICES PROGRAM

To facilitate the patient's personal wellness and recovery journey, Rehabilitation Services treatment programs focus on three major goal areas: teaching self-maintenance and daily living skills, developing leisure skills and social behaviors and acquiring fundamental work attitudes, habits and skills. The core disciplines of Rehabilitation Services are Adult Education, Art Therapy, Movement Therapy, Music Therapy, Occupational Therapy, Physical Therapy, Recreation/Activities, Substance Abuse Counseling and Vocational Rehabilitation. Core rehabilitation services are provided in every Complex of the hospital. In addition, once a patient is clinically stabilized and able to handle increased responsibilities, referrals can be made by the Treatment Team to centralized programs. Centralized programs provide the opportunity for increased independence and reinforce learned behaviors and skills via structured social, leisure and vocational training experiences. Centralized programs may include: Vocational Rehabilitation Programs at the Greenhouse, the Trading Post, and other established work sites throughout the

hospital; and recreation/leisure programs on the hospital grounds. Rehabilitation programs are enhanced by the participation of community groups and when clinically indicated by the incorporation of community trips into programming to facilitate successful community re-entry.

PASTORAL SERVICES

The Department of Pastoral Services provides spiritual, religious, and emotional care for patients at Trenton Psychiatric Hospital. Chaplains of various faith groups make regular pastoral visits to patients in each Complex/Unit of the hospital. Board Certified and clinically trained chaplains provide Religious/Spiritual Assessments, individual, and group Pastoral Counseling.

Jewish, Catholic, and Protestant religious services are conducted weekly in the Dorothea Lynde Dix Inter-Faith Memorial Chapel, located on the first floor of the Haines Building. Weekly unit services are conducted in Complexes when patients are unable to attend these centralized services. The Director of Pastoral Services may be reached at (609) 633-1616.

Community clergy are encouraged to visit patients from their congregations while hospitalized at Trenton Psychiatric Hospital. These visits are to be coordinated through the Pastoral Services Department and are not restricted to regular visiting hours.

AFTERCARE/COMMUNITY SUPPORT SERVICES

Every patient is assigned to a treatment team and the social worker on the team is responsible for coordinating discharge planning and arranging needed supports such as finances, housing, medical and psychiatric follow-up.

Every patient is generally assigned to an ICMS or PACT community team for discharge planning that may include finding housing as well as arranging aftercare appointments. The patient and hospital social worker meet with the assigned ICMS or PACT team to discuss problems, needs and discharge planning.

CLINICAL SUPPORT SERVICES

A comprehensive range of diagnostic and clinical services are provided to the patients of Trenton Psychiatric Hospital by way of centralized Clinical Support Services under the supervision of the Manager of Clinical Support Services.

Clinical Support Services provided at Trenton Psychiatric Hospital include: Patient Consultant Clinics (Medical, Surgical, Gynecology, Neurology, Dermatology, Ophthalmology, Podiatry, Orthopedics, Cardiology, Pulmonary, Infectious Disease and EKG); Physical Therapy; Laboratory; Tonsorial Services; Central Supply; Medical Equipment; and Escort.

SUPPORT SERVICES

The Support Services component of Trenton Psychiatric Hospital is responsible for the Maintenance, Housekeeping, Business Office, Storeroom and Food Service

functions of the Hospital.

PATIENT RIGHTS

As part of the admission/orientation process, patients are given a written statement incorporating a "Patient's Bill of Rights", which outlines their rights during the course of hospitalization. Patients do not lose their constitutional rights as citizens because of their hospitalization and may continue to exercise civil rights to vote, etc. These rights are:

1. You have an absolute right to be free from unnecessary or excessive medication. If you are or become a voluntary patient, you may refuse all medications and treatments.
2. You have the absolute right not to be subjected to experimental research, shock treatments (ECT), sterilization, or psychosurgery without your express and informed written consent after consultation with an attorney or advocate.
3. You have an absolute right to be free from physical restraint and isolation unless an emergency situation requires that you be restrained or secluded in the least restrictive manner appropriate to the situation.
4. You have an absolute right not to be hit, kicked, or otherwise physically punished by staff.
5. You have an absolute right to communicate with your attorney, physician or the courts. An attorney will represent you in any proceeding relating to your commitment or admission. If you are unable to afford an attorney, the State will provide one to represent you.
6. You have an absolute right to participate in your treatment plan to the extent your condition permits your participation and to have examinations, services, and a verbal explanation of the reasons for your admission and any medical information provided in your primary language or other means of communication.
7. You have an absolute right to education and training suited to your age and attainments, if you are 20 years of age or younger.
8. You have an absolute right to register and vote, or to hold or enjoy any license, permit, privilege or benefit pursuant to law shall not be denied, modified, or varied because you are receiving evaluation or treatment for mental illness.

You also have the following rights, which are not absolute, but they will only be denied to you for good cause. If they are denied to you for good cause, you (and your guardian if you have one) and your attorney will receive a written notice stating why and for how long each right will be denied (up to 30 days with

renewals of up to 30 days each so long as the denial is necessary);

9. To privacy and dignity.
10. To the least restrictive conditions necessary to achieve the purpose of treatment.
11. To wear your own clothing, to keep and use your personal possessions, and to keep and be allowed to spend a reasonable sum of your own money.
12. To have access to individual storage space for private use.
13. To receive visitors each day.
14. To have reasonable access to and use of telephones both to make and receive confidential calls.
15. To have ready access to letter-writing materials, including stamps, and to mail and receive unopened correspondence.
16. To regular physical exercise several times a week.
17. To be outdoors at regular and frequent intervals, as long as your medical conditions permit.
18. To suitable opportunities for interaction with members of the opposite sex, with adequate supervision.
19. To practice the religion of choice or abstain from religious practice.
20. To receive prompt and adequate medical treatment for any physical ailment.
21. Not to be deprived of any civil right solely by reason of receiving treatment.
22. To the protection of your confidentiality, especially with respect to written records of your treatment. In general your records or any information about your treatment cannot be shared, except with those involved in your care or treatment, without either your consent or the order of a court.
23. You will be provided with an attorney unless you choose to hire your own attorney. Your attorney will assist you in understanding and enforcing any rights guaranteed to you by law, and will represent you at regular judicial reviews of your commitment or admission that will be provided pursuant to state law.
24. While you are an involuntary patient, you have a limited right to refuse to take psychotropic medication, and to have that medication order reviewed before you are required to take the medication.

It is very important to note that the New Jersey Patient Bill of Rights provides that certain specified rights may be limited or denied for good cause.

In addition to the above, patients also have the right to:

1. Make an advanced directive.
2. Be informed of their health status.
3. Be informed of their prognosis.
4. The appropriate assessment and management of pain.
5. Request or refuse treatment.
6. Pastoral care and other spiritual services.

ADVOCACY AND YOUR RIGHTS

When people receive mental health services in a New Jersey State psychiatric hospital, their rights are guaranteed by State Laws, hospital policy, and the "Patient's Bill of Rights".

As patients or as family members of patients in Trenton Psychiatric Hospital, they may use the services of an advocate to address concerns in the following areas:

- ♦ Treatment issues
- ♦ Medication issues
- ♦ Personal issues
- ♦ Communication issues
- ♦ Visiting issues
- ♦ Unresolved issues that deal with unit or hospital policy and procedures
- ♦ Legal/commitment issues
- ♦ Multi-Cultural Services

REPORTING COMPLAINTS/CONCERNS

If patients or family members believe their rights have been violated, or if they have a concern, they may present their complaint/concern in the following ways:

- ♦ Directly with a member of the Treatment Team
- ♦ Through Life Management Meetings which are held on each unit to address complaints, resolve conflicts, announce upcoming events and schedule changes and elicit suggestions and opinions of patients on a variety of issues pertaining to the unit community.
- ♦ Through patient delegates who are selected to attend monthly Patient Government Meetings as a forum for patients' hospital-wide. This meeting is chaired by the Patient Advocate/Client Services Representative.
- ♦ In the event that a patient/family member is not satisfied with the response, he/she may contact the Administrator

or Coordinator of their unit.

In addition to the above steps, the following offices may be contacted:

- ♦ Assistant Director of Nurses for the Complex
- ♦ Complex Administrator
- ♦ Patient Advocate/Client Services Representative
1 (866) 633-1601 toll-free
- ♦ Disability Rights New Jersey
1 (800) 922-7233 toll-free
- ♦ Patient Services Compliance Unit
1 (888) 490-8413 toll-free
- ♦ Public Defender
(609) 292-1750
- ♦ Ombudsman for the Elderly
1 (877) 582-6995 toll-free
- ♦ Division of Mental Health Services Information and Complaints
1 (800) 382-6717 toll-free
- ♦ Federal Office of Civil Rights
1 (212) 264-3313

THE NEED TO DISCUSS A PROBLEM

All staff are here to help the patient. If a patient feels physically ill, they should inform the nursing staff who will request the physician to evaluate the symptoms. If a patient is having an emotional problem, inform the nurse or the psychiatrist, psychologist or social worker. If a patient is having legal, financial, housing or family concerns, contact the social worker. Remember, patients can arrange to discuss any problem at any time with any member of their Treatment Team, who will ensure that the concern/complaint is promptly addressed by the appropriate person.

A patient's family may have questions regarding progress and treatment, and these may be directed to any member of the Treatment Team. It is important to remember that the social worker serves as the liaison between the patient's family and the Team. The social worker can help family members in obtaining answers to any questions they may have and can also advise family members regarding needed support services. Additionally, family concerns or complaints should be directed through the social worker to the Program Coordinator of the unit or any other member of the Treatment Team.

PATIENT/FAMILY GRIEVANCE PROCESS

It is the policy of Trenton Psychiatric Hospital (TPH) to afford its patients and their families the opportunity to pursue a resolution to any concerns in a structured format that provides for a timely, fair and equitable process. As a patient you are encouraged to voice your complaint and/or grievances. TPH encourages the resolution of day-to-day issues informally between you and your Treatment Team. If the problem cannot be resolved to your satisfaction, you will be advised by your Program Coordinator/Team Leader of the grievance process outlined below.

Step I of the Grievance Process

- If you cannot resolve your issue informally, contact your Program Coordinator and ask to file a grievance. You will be given a Patient/Family Grievance form to complete.
- The Program Coordinator will meet with you within 2 "working" days to work towards resolving the grievance.
- The Program Coordinator will issue you a written response within 5 "working" days of the date filed.
- This document will contain documentation of the grievance, the steps taken on behalf of the patient to investigate the grievance, the meeting with the Program Coordinator the outcome of the meeting, and date of the completion.
- A copy of the Patient Grievance form and the resolution/action at Step I is forwarded to the Client Services Representative within seven working days of the grievance date.

Step II of Grievance Process

Most patient grievances should be resolved within seven days by the Complex staff. If the grievance is not resolved within 7 "working" days or if the patient/family member is unsatisfied with the outcome of the resolution/action, the grievance goes immediately to Step II and the Client Services Representative is to be involved in the resolution process.

- The Client Services Representative, plus a representative from the patient's Complex, and hospital staff deemed appropriate (known as the Grievance Resolution Team) shall meet to review the grievance and to develop a time limited action plan to resolve the grievance. This may include meeting with the patient and/or family member.
- Within 14 "working" days, the Client Services Representative provides the patient and/or family member a written response to the grievance. This document will contain documentation of the grievance, the steps with the Grievance Resolution Team, the outcome of the meeting, and date of the completion.

Step III of Grievance Process

Should the original grievance go unresolved beyond 14 "working" days,

or if the patient/family member is unsatisfied with the outcome of the resolution/action, the grievance goes immediately to Step III. The Client Services Representative and other appropriate staff will present the grievance and attempts made to resolve the grievance to the Chief Executive Officer for Administrative Review and/or action.

- The CEO, after reviewing the grievance and supporting documentation, will render a decision in writing by day 22 on the Patient/Family Grievance Form.
- The decision of the CEO is final and shall be implemented immediately.

In the event that a patient or family member is not satisfied with the response, he/she may contact any of the following:

Patient Services Compliance Unit, DMHS
1-888-490-8413

Disability Rights New Jersey
1-800-922-7233

Division of Mental Health Services Info and Complaints
1-800-382-6717

Public Defender
609-292-1750

Ombudsman for the Elderly Hotline
1-877-582-6995

New Jersey Alliance for the Mentally Ill
(Local County Chapters) 1-732-940-0991

Federal Office of Civil Rights
1-212-264-3313

The Joint Commission
1-800-994-6610
complaint@jointcommission.org

PATIENT RESPONSIBILITIES

The staff of Trenton Psychiatric Hospital recognizes that the treatment focus must emphasize the skills, behaviors and responsibilities which will enable patients to return to successful community living. In order for people to successfully live and work together in any community setting, they need to be treated and to treat each other with respect and dignity. Patients have rights that are respected during the hospitalization, and they also have the responsibility to respect the rights of others. Patients and families also have certain responsibilities regarding ongoing health care needs.

Treatment Teams will explain the rules, procedures and responsibilities of the

hospital community to each patient and how they relate to patient rights. While at Trenton Psychiatric Hospital, patients will:

1. Maintain the basics of personal hygiene (bathing and good grooming daily).
2. Dress in a neat and weather appropriate manner (shoelaces tied, clothing tucked in, buttons and zippers closed).
3. Maintain clothing and other personal belongings in a clean and neat condition.
4. Keep own bedroom area tidy, make the bed daily.
5. Assist in keeping the ward clean and decorated.
6. Maintain good safety habits by following safety policies (smoking is allowed in outdoor areas only, etc.).
7. Attend community meetings and all scheduled programs as outlined on their individualized Treatment Plan.
8. Comply with the taking of medication (per Administrative Order 5:04, the Client Services Representative is available to assist patients in understanding and providing protection for their medication rights).
9. Will not use alcoholic beverages, non-prescribed or illegal drugs either on or off the hospital grounds and will report to staff when there are drugs and/or alcohol on the grounds.
10. Follow the terms of the hospital curfew policy and comply with the terms of the "Level of Privilege System".
11. Will not bring into the hospital, accept from others or possess, items that are prohibited because they could be harmful to self or others (sharp objects or weapons, etc.).
12. Maintain respect for the rights of other patients and staff in all areas of the hospital by treating other individuals in the same way yourself would like to be treated.
13. Refrain from taking unfair financial advantages of other patients by profiteering activities (i.e., selling cigarettes, coffee, etc.).
14. Follow prohibitions against behavior in an inappropriate manner or exploiting other patients sexually.
15. Understand that serious violations of the hospital rules could result in a loss of privileges or other modification of treatment, as well as penalties or

criminal charges.

RESPONSIBILITIES REGARDING ONGOING HEALTH CARE NEEDS

The Hospital and the Treatment Team are entitled to reasonable and responsible behavior on the part of patients and patients' families. While at TPH, the patient and family are responsible for the following with regard to ongoing health care needs:

1. **Provide Information.** The Patient and family are responsible for providing, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters related to their health. Patients are responsible for reporting perceived risks in their care. Patients are also responsible for reporting unexpected changes in their condition to their Treatment Team.
2. **Ask Questions.** The patient and family are responsible for asking questions when they do not understand what they have been told about patient care and what the patient is expected to do.
3. **Follow Instructions.** The patient and family are responsible for following the treatment plan developed by the patient and Treatment Team. Patients should express any concerns they have about their ability to follow the proposed course of treatment. The Team, in turn, will make every effort to adapt the treatment plan to the patient's specific needs and limitations. Where such adaptations are not recommended, the patient and family should understand the consequences of failing to follow the recommended course of treatment or of using other treatments.
4. **Accept the Consequences of Not Following Instructions.** If the patient or family refuses treatment or fails to follow the Team's instructions, they are responsible for the outcomes.
5. **Follow Hospital Rules and Regulations.** The patient and family are responsible for following the Hospital's rules and regulations concerning the patient care and conduct.
6. **Act with Consideration and Respect.** The patient and family are expected to be considerate of other patients and hospital staff by not making unnecessary noise, smoking in buildings, or causing distractions. The patient and family are responsible for respecting the property of other persons and that of the hospital.

SECLUSION AND RESTRAINT

Seclusion is the involuntary confinement of a patient in a room where the patient is physically prevented from leaving. The use of seclusion is prohibited at TPH.

Restraint is any method of physically restricting a patient's freedom of movement,

physical activity, or normal access to his/her body. Restraints can include two or four point restraints in a chair or a bed, restraint net, limb holder (padded wrist support), and physically holding someone against his/her will.

At Trenton Psychiatric Hospital, restraints are used only in an emergency. We use less restrictive interventions first, interventions such as counseling, use of a quiet room, medication(s), and de-escalation techniques. Family members may participate with the patient's consent.

It is the philosophy of Trenton Psychiatric Hospital that any use of restraints is a Treatment Failure. Restraint use is viewed as an exceptional or extreme practice and is used only as the safety interventions of last resort.

ADVANCE DIRECTIVES

An Advance Directive is a written document that gives the patient's wishes about health care (which includes behavioral health care issues) in the event he/she is unable to make this known if physically or mentally unable to communicate wishes. An Advance Directive is a legal document that may include a "Living Will", "Durable Power of Attorney for Health Care" or a combination of both.

At Trenton Psychiatric Hospital, during the admission process and at the annual Master Treatment Plan review, all patients are asked if they have an Advance Directive for health care or behavioral health care. If the patient does not have an Advance Directive and wishes information about it, this is made available. A signed acknowledgment form is placed in the patient's chart under the "Legal" section. If the patient has an Advance Directive and we are given a copy, the copy is filed in the "Legal" section of the patient's medical record.

PATIENT SAFETY PROGRAM

Trenton Psychiatric Hospital has a hospital-wide patient safety program that integrates patient safety activities and feedback from staff, patients, visitors, and family for the purpose of maintaining and improving patient safety.

We want you to be part of the team!

What can you do to be an active member of the risk reduction/patient safety team while at TPH?

Speak Up! Try any one of the following ways:

- **Speak up** if you have questions or concerns, and if you do not understand, ask again. It's your body and you have a right to know.
- **Pay attention** to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professionals. Don't assume anything.
- **Educate yourself** about your diagnosis; the medical tests you are undergoing; and your treatment plan.
- **Ask** a trusted family member or friend to be your advocate.
- **Know** what medications you take and why you take them. Medication errors are the most common health care errors.

- Use a hospital, clinic, surgery center, or other type of health care organization that has undergone a rigorous on-site evaluation against established state-of-the-art quality and safety standards, such as that provided by JCAHO.
 - Participate in all decisions about your treatment. You are the center of the health care team.
- Complete a Patient Safety Issue Report form or call 633-1635 to report medical/healthcare errors or patient safety concerns.*

FALL PREVENTION EDUCATION

Falls are a major concern in health-care settings because they can lead to serious injury or worsen health problems. Falls are common and anyone may become at risk and fall for the following reasons: illness, injury or emotional status, medicines, new surroundings, use of equipment, distractions and age. Preventing falls benefits everyone.

TIPS TO AVOID A FALL

ALWAYS:

1. When getting up:
 - Get up slowly.
 - Sit on side of bed for a few minutes.
 - Wear slippers or shoes with non-skid soles or sneakers.
 - Call for help if you feel dizzy, weak, or light-headed. Lower yourself to a chair or slowly to the floor.
2. Keep your room free of clutter.
3. Notify the nursing staff immediately if a spill occurs on the floor.
4. Keep hems and cuffs short to avoid tripping on them. Wear proper fitting pants.
5. Tell the nurse if you are having problems with your vision or hearing.
6. Take one step at a time and hold onto the handrail while going up and down stairs
7. No running or jumping
8. Use non-mobile furniture and handrails, where available, for balance.
9. Keep all four legs of your chair on the floor.
10. Do not sit on chair/furniture that is in need of repair and notify staff immediately so the furniture can be removed.
11. If you use assistive equipment, keep this within easy reach.
12. If a fall is inevitable: relax, don't tense and roll with the direction of the fall.

If we determine you are at an increased risk for fall, for your added safety, the treatment team will formulate a special plan to address your needs.

INFECTION CONTROL

Hand washing (or hand hygiene) is the single most effective measure to prevent the spread of infection between patients, visitors and employees. At Trenton Psychiatric Hospital, we encourage patients and visitors to remind employees to wash their hands before rendering care. To this end, the hospital has implemented the use of Alcohol Based Hand Sanitizers for employees to quickly and effectively wash their hands before providing care to you.

VISITORS

Patients are encouraged to have visitors. Visiting hours may vary from Complex to Complex but are visibly posted to provide the appropriate information. Children under the age of fourteen may not visit on the unit but may be permitted to visit in designated off-unit areas with permission of the Treatment Team. Similarly, some exceptions to the specified visiting times may be allowed with permission of the Treatment Team. Visitors are required to provide identification and obtain a visitors' identification badge prior to any visit. Visitors are expected to dress in a socially appropriate manner in non-provocative attire and to maintain acceptable standards of behavior during the course of their visit. Visitors who are under the influence of drugs or alcohol will be denied visitation. Visitors who choose to bring items such as food, additional personal clothing, or personal belongings, should contact the individual Complex to determine what items are permitted. Visitors bringing items must report to the unit nurse/cottage staff (Travers) immediately upon arrival to have the items approved for the patient. Visitors are also prohibited from bringing any items considered as contraband or inappropriate within the scope of treatment. The hospital staff reserves the right to request that all packages, etc. be searched before visitors have contact with patients. Visitors are required to sign in and out and follow Hospital/Complex or special Treatment Team visiting rules/expectations. Failure to do so may result in being denied visiting rights.

Concerns regarding visiting issues may be referred to the Patient Advocate.

FAMILY PARTNERS

The Family Partnership Group is a group of concerned primary family members who meet on a regular basis with hospital administration to advise and be advised on issues of mutual concern to enhance the quality of care of their loved ones within the hospital. For additional information on this organization and it's membership, please contact (609)-395-0314.

For additional support, families can join:

- A Family Support Group
- Mercer Alliance for the Mentally Ill Chapter which can be contacted at (609) 799-8994.
- NAMI Middlesex County which can be contacted at (908) 753-1753.
- NAMI Greater Monmouth which can be contacted at (732) 449-2356
- NAMI Union County which can be contacted at (908) 233-1628.
- NAMI New Jersey which can be contacted at (732) 940-0991. (Statewide)

Headquarters).

- Mercer County Mental Health Board which can be contacted, at (609) 989-6574.
- NAMI FACE Burlington County, (856) 222-9400

Other Important Contact Agencies:

Intensive Family Support Service Programs:

- Mercer – Greater Trenton (609) 396-4258 Ext. 133
- Middlesex – UMDNJ (732) 235-6184
- Monmouth – Mental Health Association (732) 542-6422
- Union – Mental Health Association (908) 272-0300

Community Screening Agencies:

Mercer County:	Capital Health System at Fuld (609) 394-6086
Middlesex County:	University Behavioral Healthcare (732) 235-5700
Monmouth County:	Monmouth Medical Center (732) 923-6999
Union County:	Elizabeth General Medical Center (908) 994-7131
Warren County:	Family Guidance Center (908) 689-1000

The Treatment Team can provide additional information on support groups/services. Pamphlets available throughout the hospital also list such community resources.

TELEPHONES

Public pay phones are available on each unit or building for use and convenience. In orientation, patients are informed of the location of the telephones and the policy regarding their use. Restrictions on a patient's use of the telephone may sometimes be imposed when incidents of inappropriate use occur.

MAIL

Mail is distributed to patients on all units. Mail should be addressed to patients in the following manner:

Patient's Name
Trenton Psychiatric Hospital
_____ Complex/Unit

P.O. Box 7500
West Trenton, New Jersey 08628-0500

Writing paper and envelopes are available free of charge for all patients on each unit. Postage is also free when a letter is mailed through the Hospital's Post Office. When mailing letters, patients must be sure the address is complete and correct and a full return address is included as well.

SMOKING

Trenton Psychiatric Hospital is a "smoke-free" facility. Smoking is only permitted outdoors in specified areas. In the closed units, patients are escorted by staff to the designated outside smoking area at scheduled intervals, unless circumstances exist which preclude this from occurring.

Patients who are interested in quitting the habit of smoking should speak to their Treatment Team or physician who can provide information and arrange for treatment services.

CLOTHING AND PERSONAL ITEMS

At the time of admission, patients' clothing and personal items will be checked and inventoried. Personal lockers and small bins for possessions are provided on all units to accommodate a small supply of personal clothing and other personal items. Washers and dryers are available for patients to do their own laundry. A contracted laundry service provides linen service and can also do patients' personal clothing. All clothing should be labeled with the patient's name.

Grooming and personal care items not in metal or glass containers, books, magazines, cigarettes and other appropriate items may also be brought in during hospitalization.

Patients are not allowed to keep sharp or potentially dangerous items such as knives, scissors, cigarette lighters and lighter fluid, matches, glass bottles or objects. Medication not prescribed by a hospital physician, alcohol or illegal drugs are strictly prohibited.

It is the policy of TPH that any medication brought in by the patient upon admission will not be permitted to be used while the patient is in the hospital. The Pharmacy may not accept and store patient's medications brought from home; and, for safety reasons, the hospital does not store any medication brought from home. Therefore, relatives or caregivers are encouraged to take home any medications brought in upon admission. Any medications not taken home by patient's family or caregiver will be collected and sent to the Lab for destruction.

Valuable property such as legal documents, jewelry, and large amounts of cash should be returned home or deposited in the Business Office for safe keeping until the time of discharge. Possession of electrical appliances must be approved by program staff and inspected/labeled by the Hospital Electrical Department.

Storage space is limited. Patients are responsible for their own personal possessions. Trenton Psychiatric Hospital assumes no responsibility for lost valuables that are not deposited with the Business Office.

DAMAGED OR DESTROYED PROPERTY

Personal property of patients which is damaged or destroyed through the negligence of the hospital, its staff or other patients may be repaired or replaced, at the expense of the hospital, subject to approval of the Commissioner of Human Services, if the claim does not exceed \$1,000. The patient should report the incident immediately to the Charge Nurse/Team Leader and, in the event of a damaged item, should have the item examined by the Charge Nurse/Team Leader, who will document the extent of the damage. Within 30 days of the incident, the patient must complete the claim form ("Claim for Loss or Damage to Employee Property"). The form must be forwarded to the Team Leader for signature to certify to the claimed loss or damage.

MONEY

Patients are allowed to keep a reasonable amount of spending money to purchase snacks, cigarettes and other personal items. Large sums of money must be deposited in an account in the Business Office.

Patients who receive monthly checks may deposit them in their account or their family may deposit funds for them with Patient Accounts in the Business Office. A limited amount of money may be withdrawn from the account on a weekly basis. To learn about this process, patients should consult with their social worker or Treatment Team. Patients who have no financial resources are provided \$40.00 monthly in Personal Needs Allowance (PNA) by the State of New Jersey.

LEVELS OF SUPERVISION (PRIVILEGE LEVELS)

Patients are assigned one of four levels of supervision by the Treatment Team according to their ability to handle (increasing) responsibilities and the degree of structure and supervision needed to assure both safety and optimum treatment. Patients will be informed by their team regarding what responsibilities and behaviors are required to obtain and maintain higher levels of privileges as their course of treatment continues.

BRIEF VISITS

When authorized by the Treatment Team, Brief Visits are used to assess one's ability to readjust to the community. (Generally, detainer patients and those on special legal status, or patients on Level I privileges are not permitted Brief Visits.) To request a Brief Visit, a patient does the following:

- ♦ Completes a Brief Visit Form M-69
- ♦ Submits the request to the Treatment Team at least three days in advance of the date the visit is scheduled to begin. (Rules vary with each Complex/Unit, and requests may need to be submitted earlier).
- ♦ The Team will meet to review and, if possible, approve the request. Following

approval of a Brief Visit request, should there be a change in physical or mental condition, the Brief Visit may be denied until the Team has had an opportunity to assess the situation and resolve the problem.

Under *very special circumstances*, when a written request is not able to be submitted in time, the assigned social worker can be contacted directly by telephone to discuss the matter.

CONFIDENTIALITY

Confidentiality is basic to treatment/therapy. Patients have the right to control access to information concerning treatment and to have their personal privacy assured and protected within the constraints of the Treatment Plan. It is the policy of Trenton Psychiatric Hospital to maintain confidential information according to all applicable laws and regulations of the Department of Human Services, Division of Mental Health Services.

VIDEO SURVEILLANCE SYSTEM

It is the policy of the Division of Mental Health Services to provide for the consistent well being, professional treatment, protection, safety and security of patients, as well as staff and visitors, while on the premises of state operated psychiatric hospitals, including Trenton Psychiatric Hospital. A "zero tolerance" position has been established with regard to patient abuse and workplace violence.

In accordance with Public Law 1997, Chapter 68, the New Jersey Department of Human Services developed and installed video surveillance systems in the state operated psychiatric hospitals as a tool to further aid in monitoring provision of treatment services and oversight of workplace activities.

At Trenton Psychiatric Hospital, video surveillance in patient areas includes entrances, program areas and congregate areas, such as hallways and dayrooms. Private areas such as bedrooms, bathrooms, and medical examination rooms are not under video surveillance.

FINANCIAL ARRANGEMENTS

Admission to and treatment services provided by Trenton Psychiatric Hospital are not contingent upon one's ability to pay. Patients do, however, have financial responsibility for the cost of their hospital care.

For patients who have health insurance (private, Medicaid/Medicare), their carrier will be billed. For patients who do not have health insurance, the County Adjuster's Office will handle the billing based on ability to pay. A lien will be placed against personal property to cover the cost of care/hospitalization. The Patients' Accounts Supervisor can answer any questions that patients/families have regarding hospital costs and responsibility for payment.

EXCELLENCE IN SERVICE

We at Trenton Psychiatric Hospital believe that the patient is the most important person in the treatment process. Our ultimate goal is to provide appropriate,

necessary care and service to prepare people for return to community living. Our hospital has a dedicated staff and therapeutic program approaches designed to meet patients' needs. These are the major tools in determining the treatment process and achieving the goal of discharge.

When patients are ready for discharge, the hospital coordinates aftercare services with community programs in order to ease the transition from the hospital back into the community. This "linkage" supports each individual to successfully manage and maintain community living.

Our goal is that together, we (hospital staff, patient, families, and community services) can assist individuals to return to and successfully maintain themselves in the community.

CONTACTS

In the event that you have any questions or concerns that you would wish to discuss with a member of the Trenton Psychiatric Hospital Management Team, you are most welcome to do so. Contact can be made by calling the hospital's main number (609-633-1500) and indicating the nature of your call. The operator will direct or connect you to the appropriate manager.

TPH KEY STAFF

ADMINISTRATION

	Extension
Chief Executive Officer	(609) 633-1588
Deputy Chief Executive Officer	(609) 633-1590
Business Manager	(609) 633-1517
Clinical Director	(609)633-1562/3
Director of Quality Improvement	(609) 633-1582
Executive Assistant to CEO/Family Liaison	(609) 633-1586
Manager of Human Resources	(609) 633-1530

COMPLEX ADMINISTRATORS

Drake Complex	(609) 633-1816
Raycroft Complex	(609) 633-1765
Travers Complex	(609) 633-1847

DISCIPLINE LEADERS

Chief of Medicine	(609) 633-1561
Chief of Psychiatry	(609) 633-1556

Director of Clinical Nutrition	(609) 633-1553
Director of Pastoral Services	(609) 633-1616
Acting Director of Psychology	(609) 633-1630
Director of Rehabilitation Services	(609) 633-1642
Director of Social Services	(609) 633-1629
Assistant to the Director of Social Services	(609) 984-0244
Liaison Coordinator, Unified Services	(609) 633-1632
Nurse Administrator, Psychiatric Services	(609) 633-1640

OTHER KEY STAFF

Chaplain	(609)	633-
	1616	
Engineer in Charge of Maintenance	(609)	633-
	1913	
Fire Chief	(609)	633-
	1932	
Food Service Supervisor	(609)	984-
	2964	
Patient Accounts Supervisor	(609)	633-1511
Human Services Police Department	(609)	633-
	1935	
Infection Control Coordinator	(609)	633-
	7000	
Manager of Clinical Support Services	(609)	633-
	1743	
Medical Records Administrator	(609)	633-
	1540	
IT Director	(609)	633-
	1670	
Patient Advocate	(609)	633-
	1801	
Privacy Officer	(609)	633-
	1645	
Personnel Officer	(609)	633-
	1537	
Staff Development Director	(609)	633-
	1660	
QI Coordinator	(609)	984-
	2468	
Risk Management Coordinator	(609)	984-

	7131	
Safety Investigator	(609)	984-
	9892	
Safety Officer	(609)	984-
	7132	
Director of Legal Affairs	(609)	633-
	1645	

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